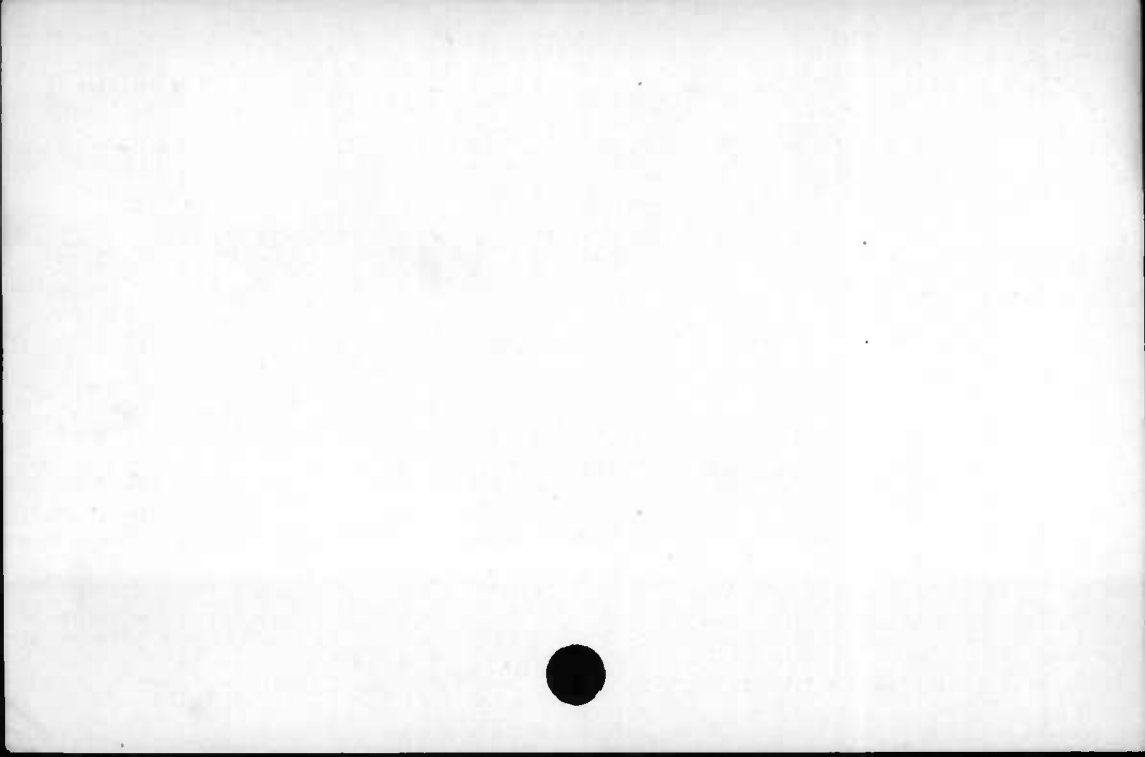


Name in Full		Ernest Brutty				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hillsboro		County		MARYLAND	
	Date of death	1906	Month	July	Day	20	Age
					Years	5-	Months
							Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death			
PHYSICIAN OR CORONER	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Chas Brutty				Father's Birthplace	Md.
	Mother's Maiden Name	Mary Dunning				Mother's Birthplace	Md.
	Name of person giving information	Chas. Brutty				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	4 days
	Immediate	Heart failure				How long	-
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. B. Brown, M.D.
						Address	Hillsboro, Md.
	Accident or Suicide?						



Name in Full		Albert L Bowdle Town Frederickburg County Caroline Co MARYLAND				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Date		Months		Days	
		Month		Day		Years			
		of death		1906		7		1	
		Sex		male		Color or Race		white	
		Occupation				Where Residing if not at place of death		Caroline Co	
Married, Single or Widowed		Single		Name of Wife or Husband		none			
Father's Name		Jas Bowdle		Father's Birthplace		Caroline Co			
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information		V W Northrup		How related to deceased		Mother-in-law		Stepson	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Spasms		How long			
		Immediate		the same		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. Roger Myers			
				Address		H. Myers			
Accident or Suicide?									

11



Name  
In  
Full

Louise Chaffinch

## CERTIFICATE OF DEATH

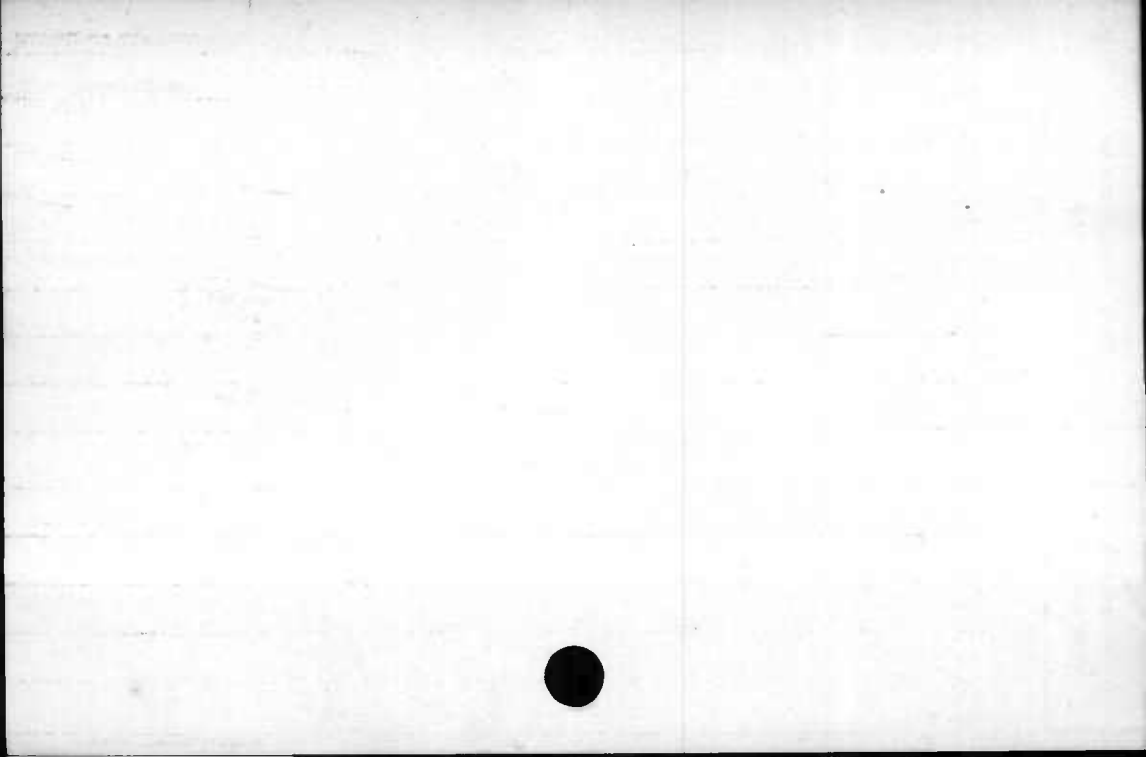
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Smithville</u>		County <u>Caroline</u>		MARYLAND	
Date of death	1906	Month <u>July</u>	Day <u>16</u>	Age <u>52</u>	Years
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>John Chaffinch</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>John Chaffinch</u>	How related to deceased <u>husband</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diabetes mellitus</u>	How long <u>6 months</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>R Kemp Jefferson</u>
		Address <u>Federalburg</u>
		<u>md</u>
Accident or Suicide?		



Name  
in  
Full

CERTIFICATE OF DEATH

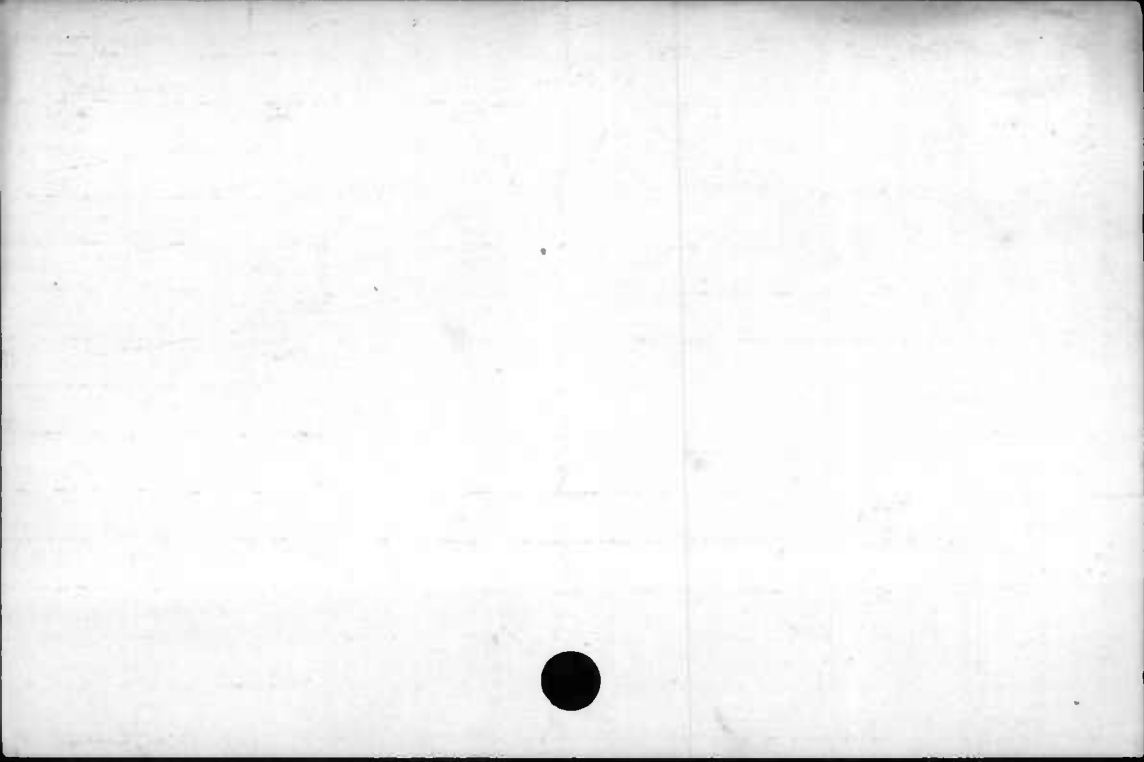
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Euphemia Charles</i>		Town <i>Federalburg</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months Days	
Date of death		Month		Day		Years	
1906		July		8		63	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>ind</i>			
Occupation <i>seamstress</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Raymond Charles</i>				How related to deceased <i>nephew</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease</i>		How long <i>1 week</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg ind</i>	
Accident or Suicide?			



Nora Coleman

CERTIFICATE OF DEATH

Died at *Henderson* Town *Caroline* County *MARYLAND*

Date of death *1906* Month *July* Day *23* Age *9* Years Months *7* Days *3*

Sex *Female* Color or Race *White* Birth Place *Caroline Co*

Occupation *..* Where Residing if not at place of death *..*

Married, Single or Widowed *Single* Name of Wife or Husband *..*

Father's Name *Ervin Coleman* Father's Birthplace *Sub. Co. Del.*

Mother's Maiden Name *Emmet Skinner* Mother's Birthplace *Queen Anne*

Name of person giving information *Hettie Coleman* How related to deceased *Sister*

CAUSES OF DEATH

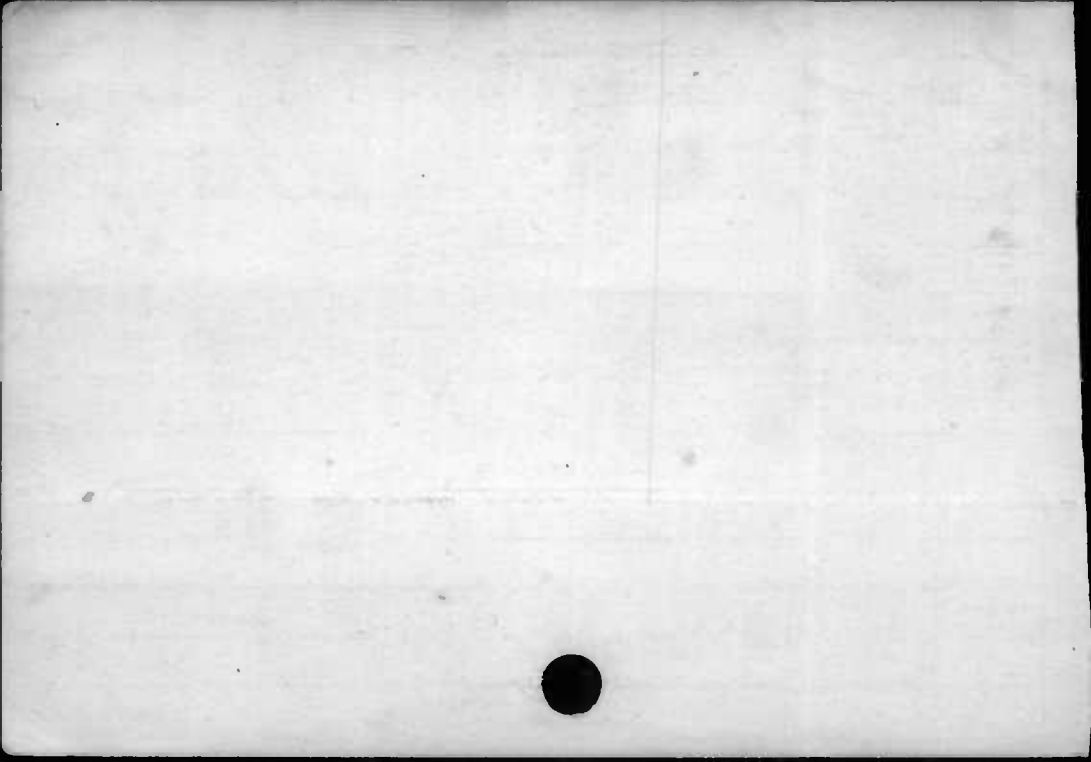
Primary *(18)* How long *..*

Immediate *Appendicitis, & Peritonitis* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *..* Address *Ft Detford Md*

Accident or Suicide? *..*



Annie M. Davis -

Died at Federalburg Town Queen Anne's County MARYLAND

Date 19 06 July 28 Month 28 Day 63 Y. - M. - D. - Age 63 Native of Dorchester, Massachusetts Occupation Housewife

~~Male~~ White Married Widow Divorced Widower

Female Colored Single Widower Number of children living 2

Husband of Jos. T. Davis

Wife of

Father's Name Hewitt Williams Mother's Name Margaret Wright

Wright

Cause of Death { Primary Chronic Nephritis Immediate Exhaustion of Heart

How long sick 2 weeks

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Rev. F. GailorwayAddress Federalburg mdMust be signed by physician, if any in attendance, otherwise by ~~coroner~~, ~~undertaker~~ or ~~minister~~.



Name  
in  
Full

CERTIFICATE OF DEATH

*Collison*

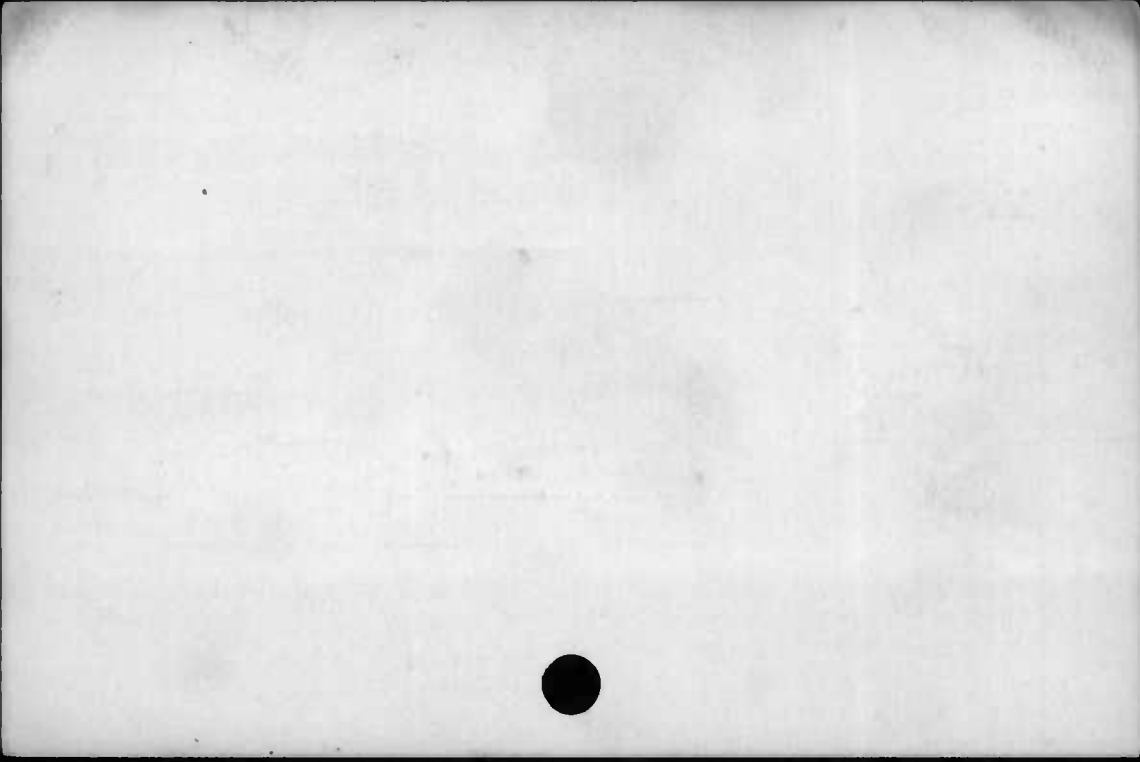
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	190 <i>6</i>	Month <i>4</i>	Day <i>1</i>	Age	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birth-place	<i>Denton</i>	
Married, Single or Widowed <i>—</i>			Where Residing if not at place of death <i>—</i>		
Name of Wife or Husband <i>—</i>			Father's Birthplace		
Father's Name <i>Geo Collison</i>			Mother's Birthplace		
Mother's Maiden Name <i>Mamie Collison</i>			How related to deceased		
Name of person giving information <i>—</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chorea Infantum</i>	How long	<i>105</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. J. N. Nichols</i>	
		Address <i>Denton Md</i>	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

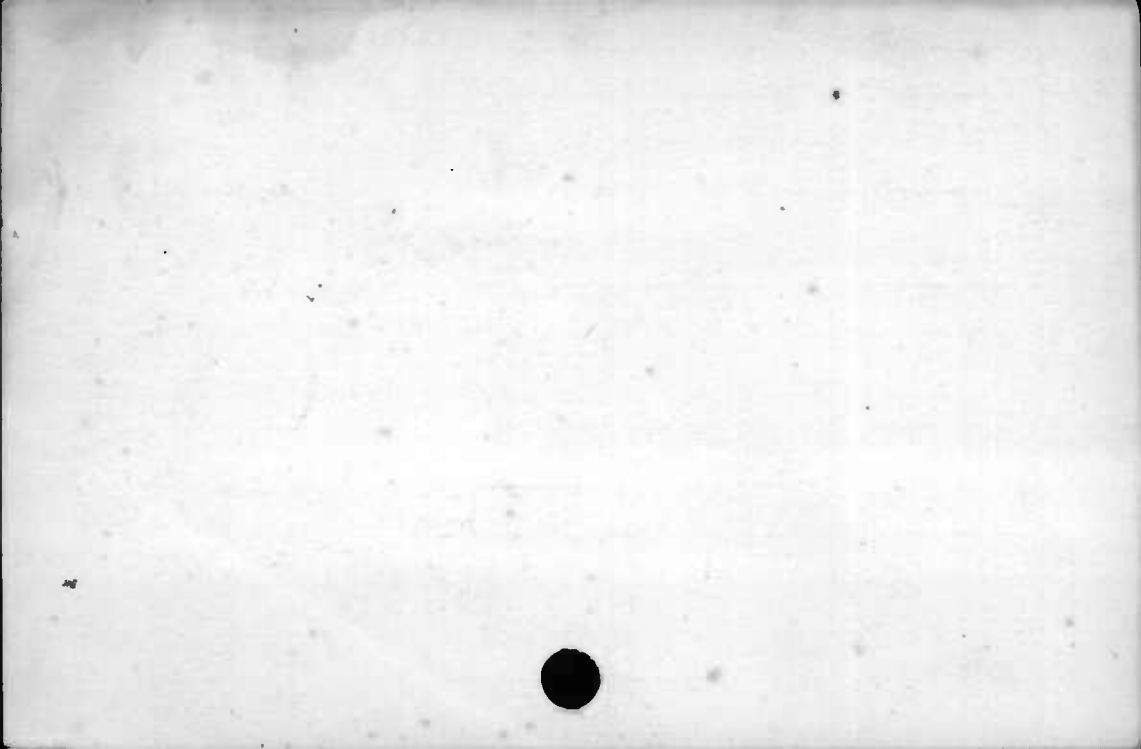
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Andersonstown Caroline* <sup>Town</sup> <sup>County</sup>Date of death *1906* <sup>Month</sup> *July* <sup>Day</sup> *25* <sup>Years</sup> *48* <sup>Months</sup> *6* <sup>Days</sup> *20*Sex *Male* <sup>Color or Race</sup> *White* <sup>Birth-place</sup> *Md.*Occupation *Farmer* <sup>Where Residing if not at place of death</sup>Married, ~~Single~~ <sup>Name of Wife or Husband</sup> *Addie Dill*Father's Name *James K. Dill* <sup>Father's Birthplace</sup> *Md.*Mother's Maiden Name *Marg J. Carmean* <sup>Mother's Birthplace</sup> *Md.*Name of person giving information *James Dill* <sup>How related to deceased</sup> *Brother*

## CAUSES OF DEATH

Primary *Leucocythemia* <sup>How long</sup> *not known*Immediate *Oedema of the lungs* <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? *They are* <sup>Signature of Physician</sup> *Gas. H. Ward,*<sup>Address</sup> *Andersonstown Md.*Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

Mary J. Holmes

Town

County

Died at

Federalburg

Caroline

MARYLAND

Date

of death 1906

Month

July

Day

15

Age

50

Months

Days

Sex

female

Color or  
Race

black

Birth-  
place

md

Occupation

housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Chas Holmes

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Chas Holmes

How related  
to deceased

husband

## CAUSES OF DEATH

Primary

Heart disease

How long

4 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

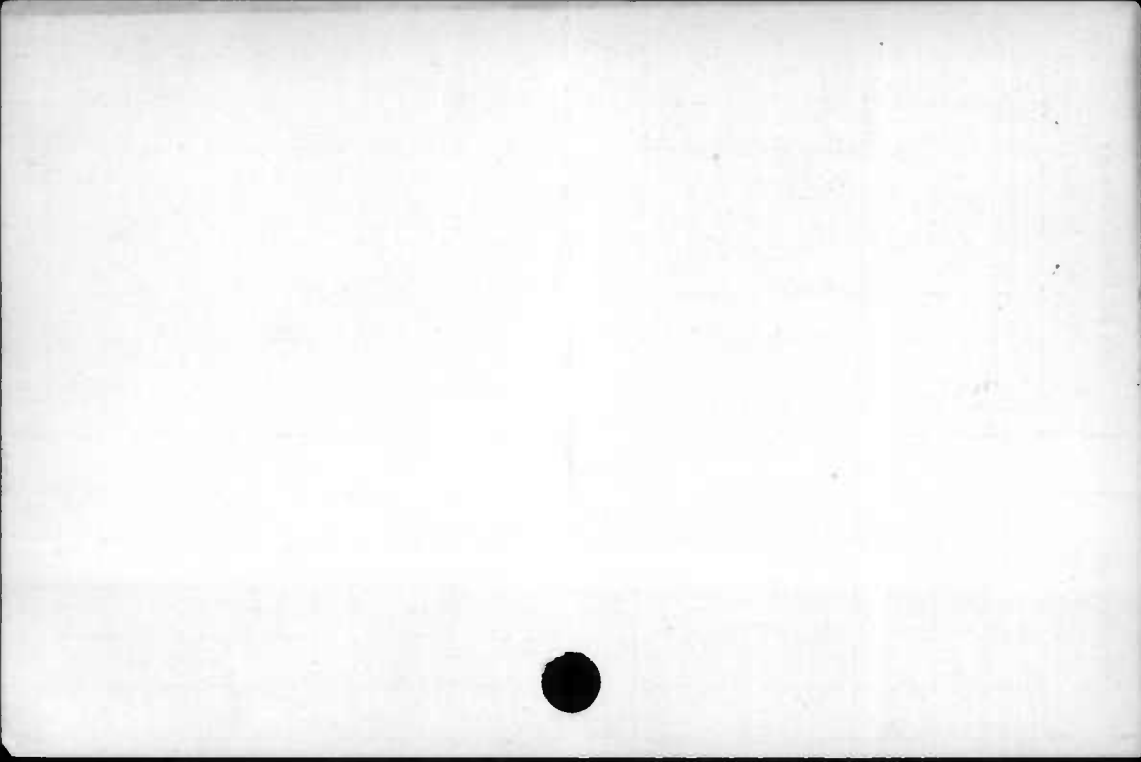
Signature of  
Physician

Address

R Kemp Jefferson  
Federalburg  
md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Federalburg* TownCounty *Caroline*

Date

of death *1906*Month *July*Day *27*

Age

Years *65*

Months

Days

Sex

*male*Color or  
Race*white*Birth-  
place*md*

Occupation

*farmer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*widowed*Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation*flande mobray*How related  
to deceased*son*

## CAUSES OF DEATH

Primary

*Intestinal cancer*

How long

*six months*

Immediate

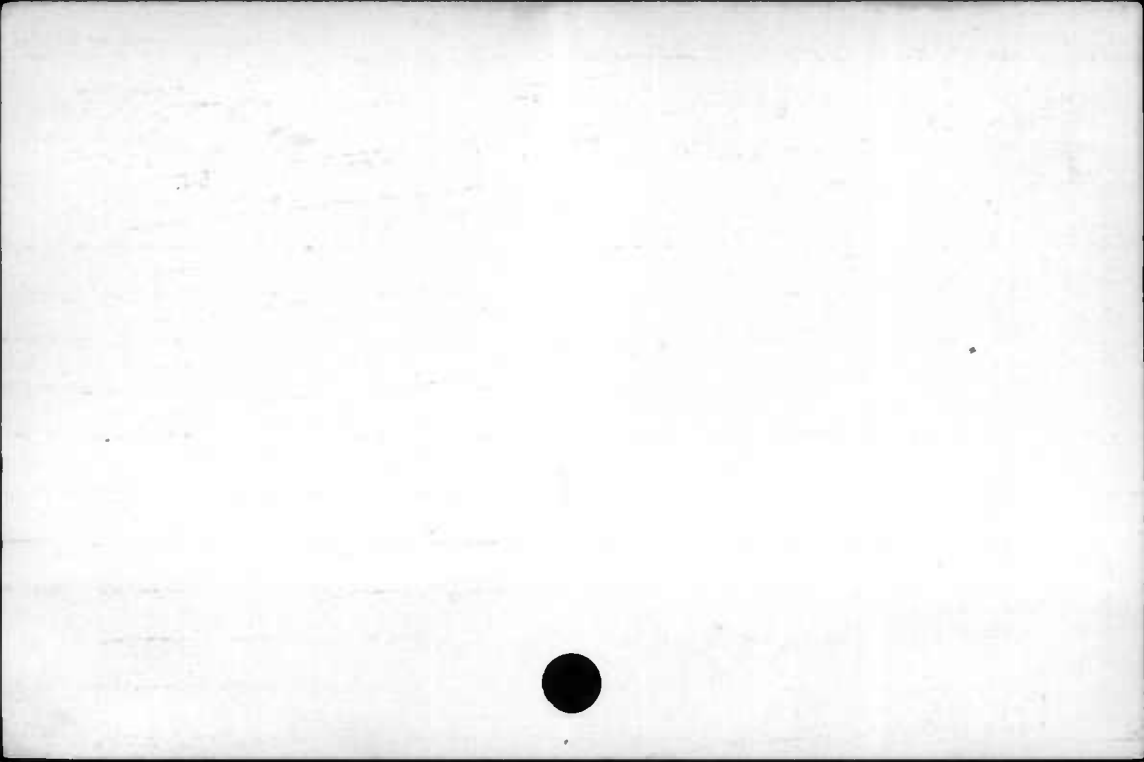
How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*R. Kemp Jefferson*  
*Federalburg*  
*md*

Accident or Suicide?



Name  
In  
Full

Luke Nichols

## CERTIFICATE OF DEATH

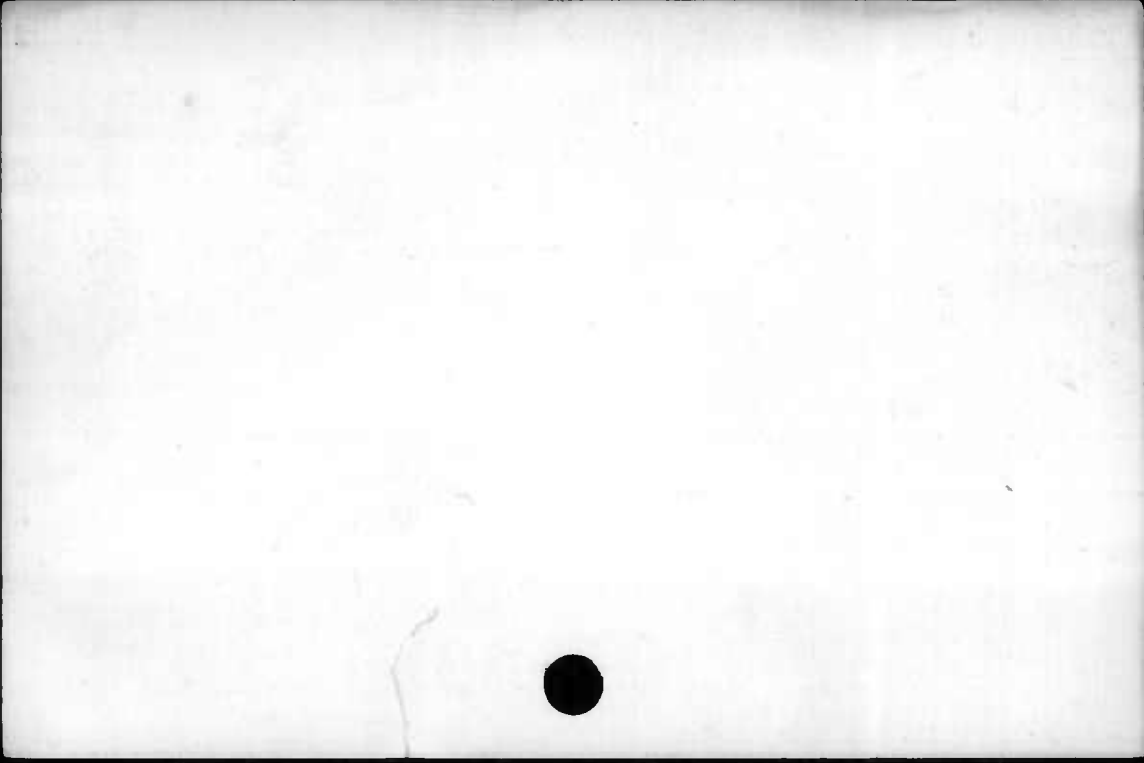
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chaptant</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>28</u> <small>Day</small>	<u>72</u> <small>Years</small>	<u>      </u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Mo</u>
Occupation	<u>laborer</u>		Where Residing if not at place of death <u>Chaptant</u>		
<del>Married, Single</del> Widowed	<u>Widower</u>	Name of Wife or Husband <u>Edgell</u>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <u>Eliot Nichols</u>				How related to deceased <u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>120</u>
Immediate	<u>Uraemic poisoning</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Raymond Dwayne</u>	
		Address <u>Preston Md</u>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

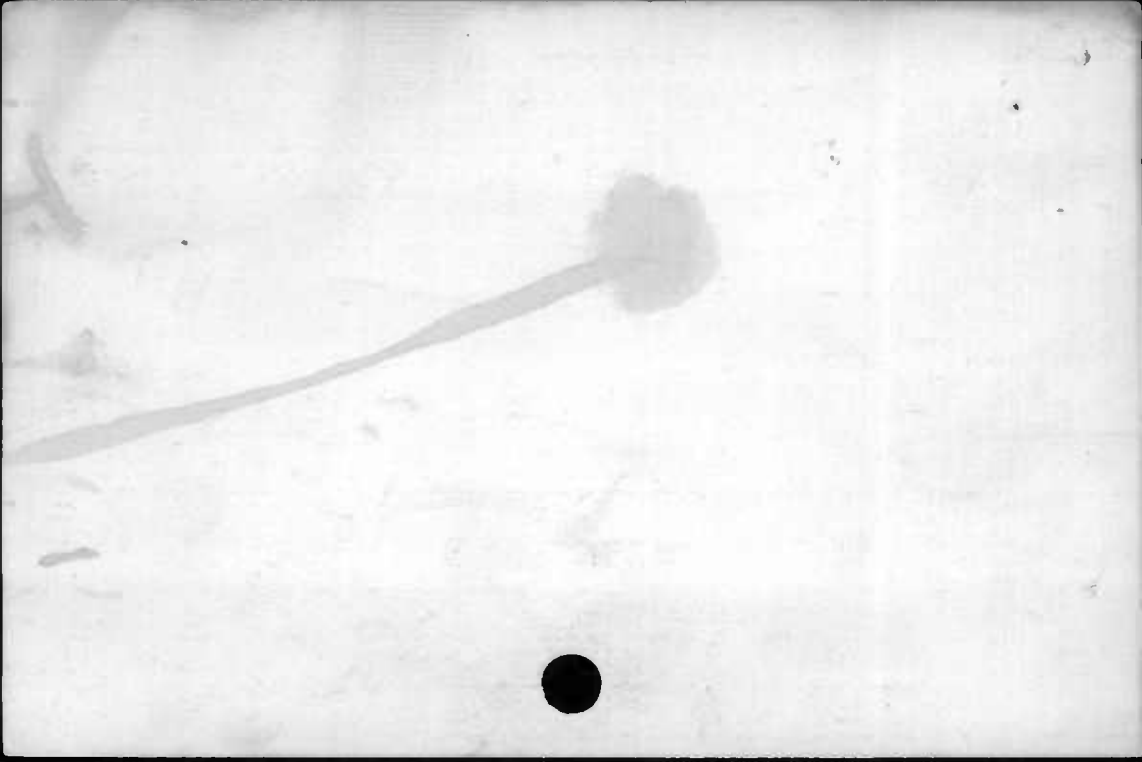
Name in Full <b>Maggie Lillian Poole</b>		Town <b>Burrsville</b>		County <b>Carroll</b>		State <b>MARYLAND</b>	
Died at		Date of death <b>1902 July 21</b>		Age <b>17</b>		Months <b>—</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>Burrsville</b>		Days <b>—</b>	
Occupation <b>None</b>		Where Residing if not at place of death <b>At home</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Abington J. Poole</b>		Father's Birthplace <b>Carroll</b>					
Mother's Maiden Name <b>H. P. Peppan</b>		Mother's Birthplace <b>Delaware</b>					
Name of person giving information <b>A. J. Poole</b>		How related to deceased <b>Father</b>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<b>Heart Disease</b>	How long	
Immediate	<b>Exhaustion</b>	How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. J. Lanahan</b>	
		Address <b>Burrsville Md.</b>	
Accident or Suicide? <b>—</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Goldsboro</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>July</i>	Day <i>30</i>	Age	Years <i>1</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Norman Seward</i>		Father's Birthplace <i>Queen Anne Co</i>					
Mother's Maiden Name <i>Maggie Sully</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Norman Seward</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Inter cerebral Meningitis</i>	How long <i>12 days</i>
Are the Name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. S. Silver</i>
	Address <i>Goldsboro</i>
Accident or Suicide?	

J H Steel

Bus appr 1.25

not checked

Name  
in  
Full

Lucy J. Nemple

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Ridgely<sup>County</sup> CarolineDate of death 1906 <sup>Month</sup> July<sup>Day</sup> 23Age <sup>Years</sup> 72<sup>Months</sup> 7<sup>Days</sup> 2

Sex Female

Color or Race white

Birth place Pempleville Md.

Occupation Housewife

Where Residing if not at place of death

Goldsboro Md.

~~Married, Single~~  
or Widowed

Name of Wife or Husband

John W. Nemple

Father's Name

James Nemple

Father's Birthplace

Pempleville

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

H. W. Nemple

How related to deceased

Son

## CAUSES OF DEATH

Primary

Dysentery - Semility

How long

7 days

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. C. Madara

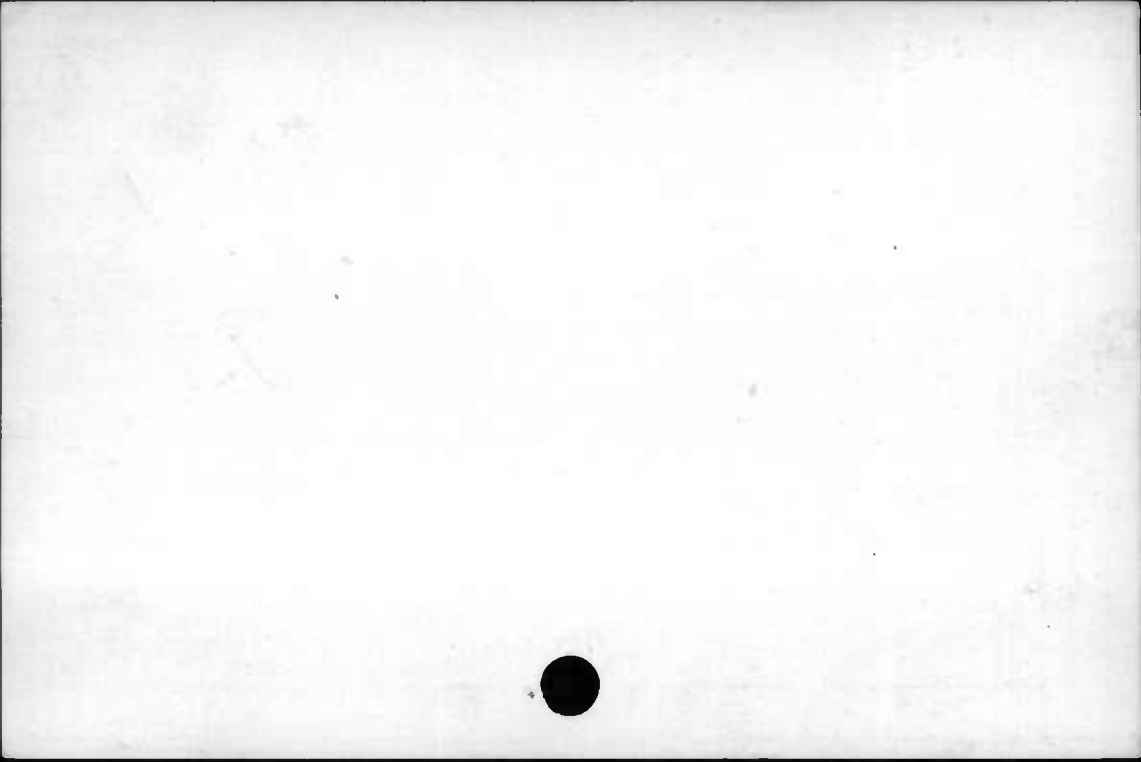
Address

Ridgely Md.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Ella Thomas		County		MARYLAND
	Died at Near Ridgeley		Caroline		
	Date of death 1906	Month July	Day 10	Years 2	Months April
	Sex Female		Color or Race Colored	Birth-place 7 dist.	
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name Isaac Whitman		Father's Birthplace Dochester Co		
	Mother's Maiden Name Thomas		Mother's Birthplace Caroline Co		
	Name of person giving information Dennis Thomas		How related to deceased Bro.		
	Summer		CAUSES OF DEATH		
	Primary Summer complaint		How long		
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			
Accident or Suicide?		M. E. Temple D. P.			



Name  
in  
Full

Martha Thompson

## CERTIFICATE OF DEATH

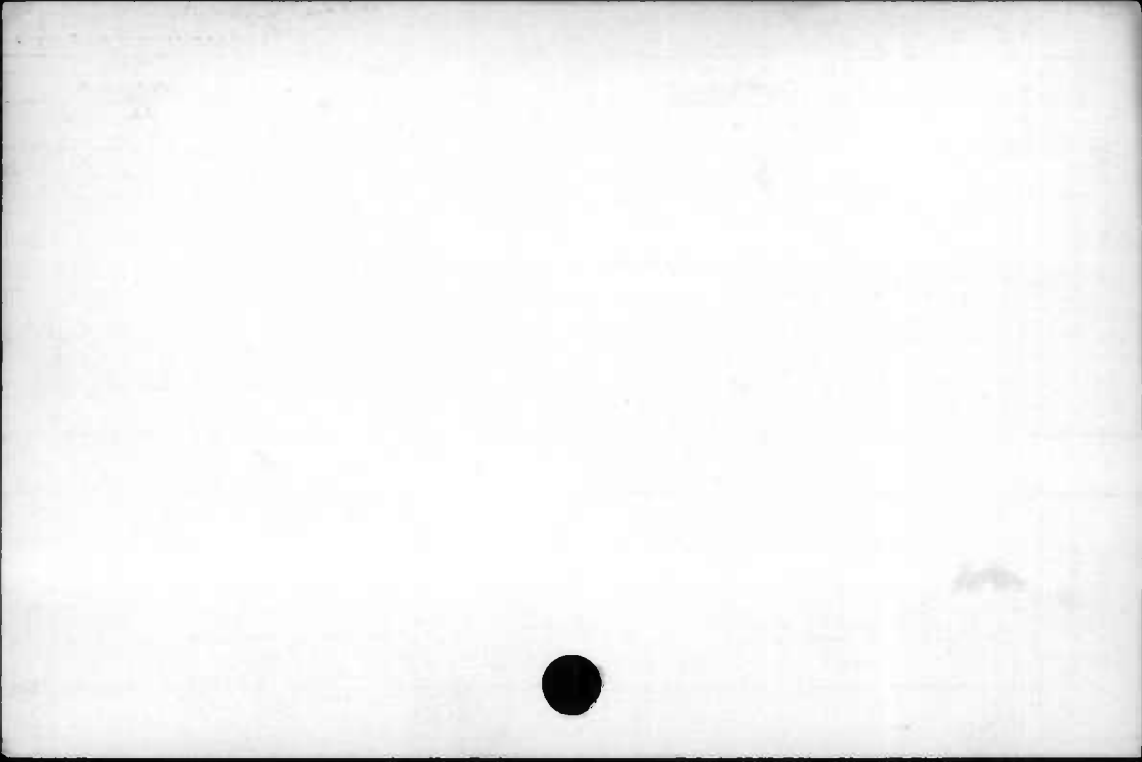
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Dorchester		County Cecil		MARYLAND	
Date of death		1906	Month July	Day 18	Age 28	Years	Months - Days -
Sex Female		Color or Race White		Birth-place Delaware			
Occupation Housekeeper		Where Residing if not at place of death Dorchester Md					
Married, Single or Widowed Widowed		Name of Wife or Husband -					
Father's Name Stephen		Father's Birthplace					
Mother's Maiden Name Sarah Neal		Mother's Birthplace Wilmington					
Name of person giving information Charles Callahan		How related to deceased Nephew					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Child birth	How long	-
Immediate	Exhaustion	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Enoch George M.D.
		Address	Dorchester County Maryland
Accident or Suicide?	-		



Name  
in  
Full

William Turpin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Bethesda</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1906	Month	July	Day	17
Age		33		Months	
Sex	male	Color or Race	Black	Birth-place	Balts. Md.
Occupation	Laborer		Where Residing if not at place of death Baltimore		
Married, Single or Widowed	married		Name of Wife or Husband Jane Turpin		
Father's Name	Don't Know			Father's Birthplace	Don't Know
Mother's Maiden Name	Hester Miles			Mother's Birthplace	Prigford Md
Name of person giving information	Jane Turpin			How related to deceased	Widow

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Bright's Disease</i>		How long	<i>3 years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. L. Hoff</i>	
			Address <i>Preston Md.</i>	
Accident or Suicide?				

